

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

SECRETARY OF THE SENATE  
OCT 19 PM 12:48

1. NAME OF COMMITTEE (in full) **CHARLIE CRIST FOR US SENATE** USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

ADDRESS (number and street) **PO BOX 1694**  
☐ Check if different than previously reported. (ACC)  
**TALLAHASSEE** **FL** **32302**  
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER **C00462135** 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A) 4. STATE **FL** DISTRICT **00**

5. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☒ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report  
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual R report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report  
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Run off (12R) ☐ Special (12S) ☐ Convention (12C) This report also covers the semi-annual period  
Election on  in the State of  See Line 6(b)  
(c) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period  
Election on  in the State of  See Line 6(b)

6. Covering Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period **07 01 2009** through **09 30 2009** (b) Semi-annual Covered Period ☐ January 1 - June 30 ☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period **91724.00** (b) Semi-annual Covered Period **.00**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **FREDERICK CARROLL III, CPA**

Signature of Treasurer *[Signature]* Date **10 15 2009**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

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02/2009

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